

SM Exhibit I


**CONSULTATION REFERRAL  
MEDICAL DIVISION**

PD 429-180 (Rev. 8-00) Pent

SOCIAL SECURITY #

DATE

MED. DIST. #

CLINIC #

RANK

NAME (LAST, FIRST, M.I.)

COMMAND 031	TAX REGISTRY #	COMMAND PHONE # (718) 574-0441
ON SICK REPORT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LINE OF DUTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF LINE OF DUTY
DOCTOR TO WHOM REFERRED: Psych		CONSULTATION SPECIALTY PSYCHOLOGICAL EVALUATIONS.
APPOINTMENT DATE & TIME		NOTIFIED BY:

REASON FOR REQUEST / SPECIFIC QUESTIONS TO BE ANSWERED: (IF OTHER THAN THOSE LISTED BELOW)

Need only 2<sup>nd</sup> spec on job  
then available

NAME OF REQUESTING SURGEON (Printed)

SURGEON'S SIGNATURE

**CONSULTANT'S REPORT - PRINT OR TYPE ANSWERS TO ALL QUESTIONS CHECKED,  
IF ADDITIONAL SPACE IS REQUIRED, USE REVERSE SIDE.**

☐ **DIAGNOSIS:**

stress/anxiety

☐ **TREATMENT RECOMMENDED:**

psychotherapy - recommend CBT to improve coping skills &  
reduce physical symptoms & stress

☐ **PROGNOSIS:**

Good, with treatment

☐ **DUTY CAPABILITY: (INDICATE ACTIVITIES TO BE EXCLUDED)**☐ CONTINUE ON SICK REPORT☐ LIMITED CAPABILITY☒ RESTRICTED DUTY☐ FULL DUTY☐ **APPROX. RETURN TO DUTY?**

4/13/09

☐ **DO YOU WISH TO SEE THIS PATIENT AGAIN?**☒ YES ☐ NO

If so, when?

7/10/09

DATE	CONSULTANT'S NAME (PRINTED)	SIGNATURE
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DISTRIBUTION: ORIGINAL - DISTRICT SURGEON DUPLICATE - CONSULTANT TRIPLICATE - DISTRICT SURGEON VIA MEMBER OF THE SERVICE

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